

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000092427

USA-COLD CASH, INC.

Principal Place of Business

4909 HWY 22 (CALLAWAY) PANAMA CITY FL 32404 Mailing Address

4909 HWY 22 (CALLAWAY) PANAMA CITY FL 32404

FILED Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90025 034 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualified 10/27/1997	_	
	lace of Business	2a. Mailing Address			4. FEI Number	Applied For Not Applicable	
21		26			APPENDIX HARM	\$8.75 A	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	Fee Re	
22		City & State			& Floring Compaign Figureign	\$5.00	May Sa
City & State	е	} —¬ '			B. Election Campaign Financing - Trust Fund Contribution	Added to	
23	Country	Zip	Countr		8. This corporation owes the current year intan		
Zip			30]	,			Mo
24	9. Name and Address of Current		1		10. Name and Address of New Registered Ag	ent	
	9. Name and Address of Conten	r regionales Agein	8	1 Name			
BEN	ton, kazuko akaishi		<u> </u>				
	HWY 22 (CALLAWAY)		8	Z Street Ad	Idress (P.O. Box Number is Not Acceptable)		ļ
	AMA CITY FL 32404		8	3			
1		-		1			
ĺ			8	4 City	FL	85 Zip C	ode
		O LOGI 4500 Florido Statuto	- 45	na named co	execution or hands this statement for the number of ch	anging its	registered
	registered agent, or both, in the State or familiar with, and accept the obligations.				ation's board of directors. I hereby accept the appoints	ment as reg	istered
SIGNATURE	Signature, typed or printed name of registered agen				aired when reinstating) DATE		
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		RS IN 12
TITLE	President	DELETE	1.1 TITLE			Change	R\$ IN 12
NAME	Kazuko Akaishi	Renton	1.2 NAME	:			
STREET ADDRESS			1.3 STRE	ETADDRESS			
CITY-ST-ZIP	4909 Highway 2 Panama City, F	L 32404	14 C/TY-	ST-ZIP			
TITLE	Panama City,	DELETE	2.1 TITLE			Change	☐ Addition
NAME			22 NAME	: \			1
STREET ADDRESS			2.3 STRE	ET ADORESS		•	j
1	1		2.4 CITY	1]-
CITY-ST-ZIP		□ DELETE	3.1 TITLE			Change	Addition
NAME			. 32 NAME			.46.5	
			_	ET ADDRESS			
STREET ADDRESS	Ì		34, CITY	1	•		j
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE			Change	Addition
		_	4, 2 NAM	- 1			-
NAME				ET ADDRESS			[
STREET ADDRESS			AACITY	ST-71P			
CITY-ST-ZIP		(OELETE	44 C/TY-			Change	Addition
CITY-ST-ZIP		☐ DELETE	44 CITY- 5.1 TITLE 52 NAME			Change	☐ Addition
CITY-ST-ZIP TITLE NAME		☐ DELETE	5.1 TITLE 5.2 NAME			Change	☐ Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ OELETE	5.1 TITLE 5.2 NAME 5.3 STREET	ET ADDRESS		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			5.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		☐ OELETE	5.1 TITLE 5.2 NAME 5.3 STRE 5.4 CITY: 6.1 TITLE	EET ADDRESS ST-ZIP			
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CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE			5.1 TITLE 5.2 NAME 5.3 STRE 5.4 C/TY 6.1 TITLE 5.2 NAME	ET ADDRESS ST-ZIP ET ADDRESS			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

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1/8/99

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